

AMENDED IN ASSEMBLY APRIL 21, 2009

AMENDED IN ASSEMBLY MARCH 26, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 372

Introduced by Assembly Member Ma

February 23, 2009

An act to add ~~Sections 102704, 102704.5, and 102704.6~~ *Section 102705.2* to the Health and Safety Code, relating to ~~adoption~~ *vital* records.

LEGISLATIVE COUNSEL'S DIGEST

AB 372, as amended, Ma. ~~Adoption records.~~ *Vital records: adoptees and birth certificates.*

Existing law requires that a court report of adoption be filed with the original record of birth and that these records remain a part of the records of the State Registrar. Existing law provides that vital records related to adoptions, other than a newly issued birth certificate, shall be available only upon the order of the superior court of the county of residence of the adopted child or of the county granting the order of adoption. The order shall not be granted unless a verified petition setting forth facts showing the necessity of the order has been presented to the court and good and compelling cause is shown for granting the order.

~~This bill would require the State Registrar, upon receipt of a written application from an adopted person who is 25 years of age or older and who was born in this state, to issue to the adopted person a certified information-only copy of the adopted person's original and unamended birth certificate if that record is in the custody of the State Registrar, as specified.~~

~~The bill would also authorize a birth parent of an adopted person to request a contact preference form, as specified, from the State Registrar. The bill would require the State Registrar to take specified action upon receipt of the request and to attach it to the birth certificate issued pursuant to the provision described above. The bill would also require the State Registrar to receive and file updated medical information from the birth parent of an adopted person, as specified, and to issue a certificate verifying the receipt of that updated medical history, as specified. The bill would prescribe the contents of an updated medical history form, which would be required to include specified information regarding medical conditions of the birth parents and their blood relatives, as described, use of drugs and alcohol during pregnancy, and general information on the birth parents and the pregnancy.~~

This bill would require, in a case of medical necessity regarding a serious health condition, as defined, of an adopted person, the State Registrar to provide, upon request of an adoptee, a copy of the original and unredacted birth certificate of the adoptee to that adoptee, his or her parent or guardian if the adoptee is a minor, or another person who is legally authorized to make decisions regarding health care for the adoptee. The bill would also require, on and after January 1, 2010, the State Registrar to provide, upon receiving a request from an adoptee if the adoption proceedings were completed prior to that date or, with respect to a child who is the subject of adoption proceedings completed on or after January 1, 2010, upon receiving notice that those proceedings are completed, a copy of the original and unredacted birth certificate of an adoptee to that adoptee when the adoptee attains at least 25 years of age, unless a birth parent who is listed on the certificate requests, on a form provided by the State Registrar, that the State Registrar not provide that copy to the adoptee, as specified. The bill would enact different procedures in regard to the notification provided to the birth parent, depending upon whether adoption proceedings for the child were completed prior to, or on or after, January 1, 2010, as specified. The bill would also require that the birth parent of a child for whom adoption proceedings were completed on or after January 1, 2010, who initially signs the form requesting that the State Registrar not provide a copy of the birth certificate to the adoptee, be provided with a second form affording the opportunity to revoke that request, as specified.

The bill would require the State Registrar to develop and adopt the forms necessary to implement these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 102705.2 is added to the Health and
2 Safety Code, to read:

3 102705.2. (a) Notwithstanding any other provision of law,
4 this section shall govern the provision of a copy of an original and
5 unredacted birth certificate by the State Registrar to an adopted
6 person who is the subject of that birth certificate.

7 (b) In a case of medical necessity regarding a serious health
8 condition of an adopted person, the State Registrar shall provide
9 a copy of the original and unredacted birth certificate of the
10 adoptee to that adoptee, his or her parent or guardian if the
11 adoptee is a minor, or another person who is legally authorized
12 to make decisions regarding health care for the adoptee. For
13 purposes of this subdivision, a case of medical necessity regarding
14 a serious health condition includes, but is not limited to, a health
15 condition for which a successful treatment option would involve
16 the use of parental or familial information regarding the adoptee,
17 such as a medical condition requiring a direct-match tissue
18 transplant.

19 (c) On and after January 1, 2010, the State Registrar, upon
20 request by an adoptee, shall provide a copy of the original and
21 unredacted birth certificate of an adoptee to that adoptee when
22 the adoptee attains 25 years of age, except as otherwise provided
23 in subdivision (d) or (e).

24 (d) (1) On and after January 1, 2010, upon receiving a request
25 from an adoptee pursuant to subdivision (c), the State Registrar
26 shall provide notice to each birth parent named on the original
27 birth certificate of an adopted person who was the subject of
28 adoption proceedings that were completed prior to January 1,
29 2010, informing the birth parent that the original and unredacted
30 birth certificate of the adopted child shall be provided to the
31 adopted child when the child attains at least 25 years of age, unless
32 paragraph (3) applies.

33 (2) The notice provided pursuant to paragraph (1) shall be sent
34 to the best available address for each birth parent who is listed

1 on the original birth certificate. The notice shall be sent return
2 receipt requested and shall do both of the following:

3 (A) The notice shall advise the birth parent regarding the change
4 in the law pursuant to this section.

5 (B) The notice shall include a form on which the birth parent
6 may indicate that he or she does not wish a copy of the original
7 and unredacted birth certificate to be provided to the adoptee.

8 (3) The State Registrar shall not provide a birth certificate
9 pursuant to subdivision (c) if any of the following apply:

10 (A) The notice provided pursuant to paragraph (1) was not
11 received by each birth parent listed on the birth certificate, as
12 indicated by the fact that the State Registrar has not received the
13 return receipt acknowledgment.

14 (B) Less than six months have elapsed since the birth parent
15 received the notice, as indicated by the date on the return receipt
16 requested.

17 (C) Each birth parent listed on the certificate has signed the
18 form included in the notice requesting that the State Registrar not
19 provide the birth certificate to the adoptee. If two birth parents
20 are listed on the birth certificate and only one birth parent has
21 signed the notice, however, the state Registrar shall release a copy
22 of the birth certificate on which information identifying and
23 pertaining to that birth parent has been redacted.

24 (e) (1) On and after January 1, 2010, upon receiving notice
25 that adoption proceedings regarding a child have been completed,
26 the State Registrar shall provide notice to each birth parent named
27 on the original birth certificate of an adopted person who is the
28 subject of adoption proceedings that are completed on or after
29 January 1, 2010, informing the birth parent that a copy of the
30 original and unredacted birth certificate of the adopted child shall
31 be provided to the adopted child when the child attains 25 years
32 of age, unless paragraph (3) applies.

33 (2) The notice provided pursuant to paragraph (1) shall be sent
34 to the best available address for each birth parent who is listed
35 on the original birth certificate. The notice shall be sent return
36 receipt requested and shall do both of the following:

37 (A) The notice shall include a form on which the birth parent
38 may indicate that he or she does not wish a copy of the original
39 birth certificate to be provided to the adoptee. The form shall
40 include the following statement:

1
2 *For reasons that may include, but are not limited to, rape, incest,*
3 *religious beliefs, or personal preference, I do not authorize the*
4 *State Registrar to provide a copy of the original and unredacted*
5 *birth certificate to the adoptee.*

6
7 *(B) The notice shall include a second form, which a birth parent*
8 *may sign, revoking the first form and instead authorizing the State*
9 *Registrar to provide a copy of the original and unredacted birth*
10 *certificate to the adoptee.*

11 *(3) The State Registrar shall not provide a birth certificate*
12 *pursuant to subdivision (c) if both of the following apply:*

13 *(A) The notice provided pursuant to paragraph (1) was received*
14 *by each birth parent listed on the birth certificate, as indicated by*
15 *the return receipt acknowledgment received by the State Registrar*
16 *from the birth parent.*

17 *(B) Each birth parent listed on the certificate has signed the*
18 *first form included in the notice indicating that he or she requests*
19 *that the original and unredacted birth certificate remain*
20 *confidential and has not subsequently signed the second form*
21 *revoking the first form and instead authorizing the State Registrar*
22 *to provide a copy of that birth certificate to the adoptee. If two*
23 *birth parents are listed on the birth certificate and only one birth*
24 *parent has signed the notice and has not signed the second form,*
25 *however, the State Registrar shall release a copy of the birth*
26 *certificate on which the information identifying and pertaining to*
27 *that birth parent has been redacted.*

28 *(f) The State Registrar shall develop and adopt the forms*
29 *necessary to implement this section.*

30 **SECTION 1.** ~~Section 102704 is added to the Health and Safety~~
31 ~~Code, to read:~~

32 ~~102704. Notwithstanding any other provision of law, including,~~
33 ~~but not limited to, Section 102705, upon receipt of a written~~
34 ~~application from an adopted person who is 25 years of age or older~~
35 ~~and who was born in this state, the State Registrar shall issue a~~
36 ~~certified information-only copy of the adopted person's original~~
37 ~~and unamended birth certificate if that record is in the custody of~~
38 ~~the State Registrar. The procedures, filing fees, and waiting periods~~
39 ~~shall be identical to those imposed for that service upon residents~~
40 ~~of this state who were not adopted.~~

1 ~~SEC. 2. Section 102704.5 is added to the Health and Safety~~
2 ~~Code, to read:~~

3 ~~102704.5. (a) (1) A birth parent of an adopted person may at~~
4 ~~any time request from the State Registrar a contact preference form~~
5 ~~that shall accompany a birth certificate issued pursuant to Section~~
6 ~~102704. The contact preference form shall provide the following~~
7 ~~information to be completed at the option of the birth parent:~~

8 ~~(A) I would like to be contacted.~~

9 ~~(B) I would prefer to be contacted only through an intermediary.~~

10 ~~(C) I prefer not to be contacted at this time. If I decide later that~~
11 ~~I would like to be contacted, I will contact the State Registrar. I~~
12 ~~have completed an updated medical history and have filed it with~~
13 ~~the State Registrar. Attached is a certificate from the State Registrar~~
14 ~~verifying receipt of the updated medical history.~~

15 ~~(2) When the State Registrar receives a completed contact~~
16 ~~preference form from the birth parent of an adopted person, the~~
17 ~~State Registrar shall match the contact preference form with the~~
18 ~~adopted person's record. A completed contact preference form~~
19 ~~shall be confidential and shall be kept in a secure location until~~
20 ~~the State Registrar matches it with the adopted person's record.~~
21 ~~The contact preference form shall be placed in the adopted person's~~
22 ~~record when a match is made.~~

23 ~~(b) Upon receipt of an updated medical history from a birth~~
24 ~~parent of an adopted person, the State Registrar shall place the~~
25 ~~history in the adopted person's record and shall issue a certificate~~
26 ~~to the birth parent verifying receipt of that updated medical history.~~

27 ~~(c) Only those persons who are authorized to process~~
28 ~~applications submitted pursuant to Section 102704 may process~~
29 ~~contact preference forms and updated medical history information~~
30 ~~pursuant to this section.~~

31 ~~(d) The certificate verifying receipt of an updated medical~~
32 ~~history shall be identical to receipts issued by the State Registrar~~
33 ~~for other services.~~

34 ~~(e) The form for a birth parent updated medical history shall~~
35 ~~include, but not be limited to, the information specified in Section~~
36 ~~102704.6.~~

37 ~~SEC. 3. Section 102704.6 is added to the Health and Safety~~
38 ~~Code, to read:~~

39 ~~102704.6. A birth parent updated medical history form shall~~
40 ~~include, but not be limited to, the information described in this~~

1 section. If the information is unknown or not available, the person
2 completing the form shall be requested to indicate “unk” or “N/A”
3 respectively.

4 (a) ~~The form shall include the following general information,~~
5 ~~including:~~

6 ~~(1) Name of child on the birth record.~~

7 ~~(2) Date of birth.~~

8 ~~(3) Sex of child.~~

9 ~~(4) Hospital where birth occurred, if any.~~

10 ~~(5) Mother’s name shown on birth certificate.~~

11 ~~(6) Adoption agency involved with adoption, if known.~~

12 ~~(7) The date the form is completed.~~

13 ~~(8) A place to indicate whether the person completing the form~~
14 ~~is the birth mother or birth father.~~

15 (b) ~~The form shall include places to provide information on the~~
16 ~~medical conditions listed in this subdivision. For each of the~~
17 ~~medical conditions, the person completing the form shall be~~
18 ~~provided a form with columns that indicate separately whether or~~
19 ~~not that person or any blood relative has the condition listed, or~~
20 ~~whether this information is unknown, and the person completing~~
21 ~~the form shall be requested to fill in the appropriate box. The form~~
22 ~~shall describe the term “blood relative” as including, by way of~~
23 ~~example, the person’s mother, father, sisters, brothers,~~
24 ~~grandparents, aunts, uncles, or any other child. The form shall~~
25 ~~include a section for comments for each medical condition, to be~~
26 ~~completed as needed, using a separate piece of paper if necessary.~~
27 ~~The following medical conditions, at a minimum, shall be listed:~~

28 ~~(1) Club foot.~~

29 ~~(2) Cleft lip or cleft palate.~~

30 ~~(3) Congenital heart defect.~~

31 ~~(4) Any other malformations, such as scoliosis.~~

32 ~~(5) Muscular dystrophy, including a request to comment on the~~
33 ~~part of the body involved and the age at onset.~~

34 ~~(6) Multiple sclerosis.~~

35 ~~(7) Cerebral palsy.~~

36 ~~(8) Other paralysis or crippling disorder.~~

37 ~~(9) Seizures, convulsions, or epilepsy, including a request to~~
38 ~~comment on the age at onset, the treatment, and the frequency of~~
39 ~~occurrence.~~

- 1 ~~(10) Blindness, glaucoma, or other visual problems, including~~
2 ~~a request to comment on the age at onset, the cause, and any special~~
3 ~~education provided.~~
- 4 ~~(11) Deafness or other ear problems.~~
- 5 ~~(12) Speech problem, including a request to comment on the~~
6 ~~age at onset, the cause, and any special education provided.~~
- 7 ~~(13) Learning disability.~~
- 8 ~~(14) Mental or physical retardation, including a request to~~
9 ~~comment on any diagnosis or cause, and if hospitalized.~~
- 10 ~~(15) Diabetes, including a request to comment on the age at~~
11 ~~onset and any treatment.~~
- 12 ~~(16) Thyroid disorder.~~
- 13 ~~(17) Other hormonal disorder.~~
- 14 ~~(18) Bronchitis.~~
- 15 ~~(19) Emphysema.~~
- 16 ~~(20) Congestive heart failure.~~
- 17 ~~(21) Atherosclerosis.~~
- 18 ~~(22) Eczema or other skin conditions, including a request to~~
19 ~~comment on any cause known, treatment provided, and medication~~
20 ~~provided.~~
- 21 ~~(23) Asthma.~~
- 22 ~~(24) Hay fever or other allergy.~~
- 23 ~~(25) Schizophrenia, including a request to comment on any~~
24 ~~cause known, treatment provided, and if hospitalized.~~
- 25 ~~(26) Depression or bipolar disorder.~~
- 26 ~~(27) Other mental or emotional illness, such as anorexia or~~
27 ~~bulimia.~~
- 28 ~~(28) Hypertension, to be described parenthetically as high blood~~
29 ~~pressure.~~
- 30 ~~(29) Stroke.~~
- 31 ~~(30) Heart attack, to be described parenthetically as coronary.~~
- 32 ~~(31) Other cardiovascular problems.~~
- 33 ~~(32) Cancer, including a request to comment on the type, the~~
34 ~~age at onset, and the part of the body affected.~~
- 35 ~~(33) Tumors.~~
- 36 ~~(34) Cystic fibrosis.~~
- 37 ~~(35) Huntington's Disease.~~
- 38 ~~(36) Tuberculosis.~~
- 39 ~~(37) Kidney disease, including a request to comment on age at~~
40 ~~onset and treatment provided.~~

1 ~~(38) Alcoholism or drug addiction, including a request to~~
2 ~~comment on the kind, when taken, and amount.~~

3 ~~(39) Any other conditions that the person completing the form~~
4 ~~or others in the person's family might have.~~

5 ~~(e) The form shall include places to provide information on drug~~
6 ~~and alcohol use during pregnancy listed in this subdivision, which~~
7 ~~shall be presented in the same manner as described in subdivision~~
8 ~~(b). The information requested on drug and alcohol use during~~
9 ~~pregnancy shall include, at a minimum, the following:~~

10 ~~(1) Prescription drugs taken during pregnancy, including a~~
11 ~~request to comment on the kind, when taken, the amount, and~~
12 ~~frequency of use.~~

13 ~~(2) Nonprescription drugs taken during pregnancy, including a~~
14 ~~request to comment on the kind, when taken, the amount, and~~
15 ~~frequency of use.~~

16 ~~(3) Use of alcohol during pregnancy, including a request to~~
17 ~~comment on the amount and frequency.~~

18 ~~(4) Use of amphetamines during pregnancy, including a request~~
19 ~~to comment on the kind, when taken, the amount, and frequency~~
20 ~~of use.~~

21 ~~(5) Use of barbiturates during pregnancy, including a request~~
22 ~~to comment on the kind, when taken, the amount, and frequency~~
23 ~~of use.~~

24 ~~(d) The form shall include places to provide other information~~
25 ~~on the birth parents to be given at time of the child's birth and~~
26 ~~should instruct the person completing the form to not provide~~
27 ~~personally identifying information. The other information requested~~
28 ~~on the birth parents shall include, at a minimum, the following:~~

29 ~~(1) Height and weight.~~

30 ~~(2) Body build.~~

31 ~~(3) Eye, hair, and skin color.~~

32 ~~(4) Age.~~

33 ~~(5) Race.~~

34 ~~(6) Nationality, to be described parenthetically as citizenship.~~

35 ~~(7) Ethnic background.~~

36 ~~(8) Religion.~~

37 ~~(9) Number of school years completed.~~

38 ~~(10) Mother's blood type.~~

39 ~~(11) RH factor.~~

40 ~~(12) Baby's blood type.~~

- 1 ~~(e) The form shall include a place for the person completing the~~
- 2 ~~form to give the age at death and cause of death of the child's~~
- 3 ~~grandparent, aunt, uncle, and sibling, if any.~~
- 4 ~~(f) The form shall include places for the person completing the~~
- 5 ~~form to provide the following information on the pregnancy:~~
- 6 ~~(1) Whether the baby's father is aware of the pregnancy.~~
- 7 ~~(2) The month prenatal care began for the pregnancy.~~
- 8 ~~(3) Any complications during the pregnancy.~~
- 9 ~~(4) Exposure during pregnancy to:~~
- 10 ~~(A) X-ray.~~
- 11 ~~(B) Electrocardiogram.~~
- 12 ~~(C) Radiation.~~
- 13 ~~(g) The form shall include a place for the person completing~~
- 14 ~~the form to give other comments regarding the child's birth history.~~